| | | 17(7(.1111) | | |
|---------------------|--------------------------|------------------|-----------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Kimberly E. Allen | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number | 18-20772 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 80,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 22,450.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 102,450.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 131,800.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 10,374.00 |
| | Your total liabilities | \$ | 142,174.00 |
| Par | t 3: Summarize Your Income and Expenses | 1 | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,200.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 878.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a nersonal | family or |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 2 of 51

Debtor 1 Kimberly E. Allen Document Page 2 of 51 Case number (if known) 18-20772

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total o | laim |
|--|---------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Ca | 36 10-20112-0 | DUC 20 | | | 20/10 11.12.32 | Desc Main |
|----------------------------------|------------------------------------|---------------------|-----------|--|--|---|
| Fill in this in | formation to identify | your case and th | | | | |
| | | | | ,· | | |
| Debtor 1 | Kimberly E. First Name | | e Name | Last Name | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle | e Name | Last Name | | |
| United States | Bankruptcy Court for | the: WESTERN | I DISTR | ICT OF PENNSYLVANIA | | |
| Case numbe | 18-20772 | | | | | ☐ Check if this is an amended filing |
| Sched | Form 106A/E ule A/B: P | roperty | | only once. If an asset fits in more than on | | 12/15 |
| nformation. If Answer every o | more space is needed, question. | attach a separate s | heet to t | married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In | | |
| ☐ No. Go to | ere is the property? | | | | | |
| 1.1 | | | What | is the property? Check all that apply | | |
| 1203 N | largray Street | | | Single-family home | Do not deduct secured | claims or exemptions. Put |
| Street add | ress, if available, or other des | scription | _ | Duplex or multi-unit building | the amount of any secu | ured claims on Schedule D: |
| | | | | Condominium or cooperative | Creditors who have C | laims Secured by Property. |
| | | | П | Manufactured or mobile home | | |
| Pittsbu | ırah PA | 15207-0000 | _ | Land | Current value of the entire property? | Current value of the portion you own? |
| City | State | ZIP Code | | Investment property | \$50,000.00 | • • • |
| | | | | Timeshare Other | | of your ownership interest enancy by the entireties, or |
| | | | _ | has an interest in the property? Check one | a life estate), if knowr | |
| A !! ! | | | | , | | |
| Allegh | eny | | | · · · · · · · · · · · · · · · · | | |
| County | | | | Debtor 1 and Debtor 2 only | | ommunity property |
| | | | | At least one of the debtors and another | (see instructions) | |

Other information you wish to add about this item, such as local property identification number:

Official Form 106A/B Schedule A/B: Property page 1 Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 4 of 51

| Debto | r1 <u>K</u> | imberly E. A | Allen | | | | Case number (if known) | 18-2 | -0.72 |
|---------------------------------|--|--|--|---|---|---|---|--|---|
| ı | f you o | wn or have | more | than one, lis | st here: | | | | |
| 1.2 | , | | | , | | t is the property? Check all that apply | | | |
| | | dside Drive | | | □ | Single-family home | | | aims or exemptions. Put |
| S | treet addre | ess, if available, or o | other des | cription | | Duplex or multi-unit building | , | | d claims on Schedule D: ms Secured by Property. |
| | | | | | | Condominium or cooperative | | | |
| | | | | | П | Manufactured or mobile home | | | |
| | As Dan | ماما | D.A | 45057.000 | _ | Land | Current value of | the | Current value of the |
| _ | /Ic Don | aid | PA | 15057-000 | | | entire property? | 0.00 | portion you own? |
| C | City | | State | ZIP Code | | Investment property Timeshare | \$30,00 | 0.00 | \$30,000.00 |
| | | | | | | | | | our ownership interest |
| | | | | | | has an interest in the property? Check of | | | ancy by the entireties, or |
| | | | | | _ | | | | |
| ١ | Vashin | gton | | | | Debtor 2 only | | | |
| C | County | | | | | Debtor 1 and Debtor 2 only | Oh - :f 4 -:- | | |
| | | | | | | At least one of the debtors and another | | | nmunity property |
| | | | | | | r information you wish to add about th erty identification number: | is item, such as local | | |
| | | | | | | oile Home and 3 lots | | | |
| | | | | | | | | | |
| | dd the d | ollar value of | the po | rtion vou ow | n for all of | your entries from Part 1, including | anv entries for | | |
| . A | | | | | | er here | | l | \$80,000.00 |
| | | | | | | | | | |
| part 2: o you omeo | u own, le ne else d s, vans, | ease, or have drives. If you le | legal o | vehicle, also r | eport it on S | any vehicles, whether they are regingly contracts and contracts and corcycles | stered or not? Include d Unexpired Leases. | any v | ehicles you own that |
| part 2: o you omeo Car | u own, le ne else d s, vans, | ease, or have drives. If you le | legal o | vehicle, also r | eport it on S | Schedule G: Executory Contracts and | stered or not? Include d Unexpired Leases. | any v | ehicles you own that |
| part 2: o you omeo Car | u own, le ne else d s, vans, | ease, or have drives. If you le | legal o | vehicle, also r | eport it on S | Schedule G: Executory Contracts and procycles | d Unexpired Leases. Do not deduct see | cured cl | aims or exemptions. Put |
| part 2: o you omeo Car | Jown, le ne else d s, vans, lo 'es | ease, or have drives. If you le trucks, tracte | legal o | vehicle, also r | who has a | Schedule G: Executory Contracts and procycles an interest in the property? Check one | Do not deduct set the amount of any | cured cl | |
| part 2: o you omeo Car | u own, le ne else d s, vans, lo 'es | ease, or have drives. If you le trucks, tracte | legal o | vehicle, also r | who has a | Schedule G: Executory Contracts and procycles an interest in the property? Check one 1 only | Do not deduct see the amount of any Creditors Who Ha | cured cl y secure ave Clai | laims or exemptions. Put ed claims on <i>Schedule D:</i> ims Secured by Property. |
| part 2: o you omeo Car | Jown, le ne else d s, vans, lo Yes Make: Model: Year: | ease, or have drives. If you le trucks, tracte | legal o | vehicle, also r | who has a Debtor | Schedule G: Executory Contracts and procycles an interest in the property? Check one 1 only | Do not deduct set the amount of any | cured cl y secure ave Clai the | aims or exemptions. Put ed claims on <i>Schedule D:</i> |
| part 2: o you omeo Car | Jown, le ne else d's, vans, lo 'es Make: Model: Year: Approxim | ease, or have drives. If you le trucks, tracte | legal o | vehicle, also r | who has a Debtor Debtor Debtor | Schedule G: Executory Contracts and procycles an interest in the property? Check one 1 only 2 only | Do not deduct set the amount of any Creditors Who Ha | cured cl y secure ave Clai the | laims or exemptions. Put ed claims on <i>Schedule D:</i> ims Secured by Property. Current value of the |
| part 2: Do you omeo Car | Jown, le ne else d's, vans, lo 'es Make: Model: Year: Approxim | Kia Sorrento 2011 mate mileage: | legal o | vehicle, also r | Who has a Debtor Debtor At least | Schedule G: Executory Contracts and Drcycles an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another | Do not deduct set the amount of any Creditors Who Ha Current value of entire property? | cured cl y secure ave Clai the | laims or exemption ed claims on Scheo ims Secured by Pro Current value o portion you ow |
| part 2: Do you oomeo Car N Y | Jown, lane else of s, vans, lo ses Make: Model: Year: Approxin Other inf | Kia Sorrento 2011 mate mileage: formation: | legal (ease a | vehicle, also r ort utility veh 100000 | Who has a Debtor Debtor At least Check (see ins | Schedule G: Executory Contracts and procycles an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only | Do not deduct set the amount of any Creditors Who Hase Current value of entire property? | cured cl y secure ave Clai the | laims or exemptions. Pu ed claims on Schedule I ims Secured by Property Current value of the portion you own? |
| part 2: Do you Car N Y | Jown, lane else of s, vans, lo 'es Make: Model: Year: Approxin Other inf | Kia Sorrento 2011 mate mileage: formation: aircraft, moto coats, trailers, i | legal dease a present of the point of the po | 100000 100000 100000 100000 100000 100000 100000 1000000 | Who has a Debtor Debtor At least Check (see ins | An interest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another if this is community property tructions) reational vehicles, other vehicles, a | Do not deduct set the amount of any Creditors Who Ha Current value of entire property? \$19,000 and accessories et accessories any entries for | cured cl y secure ave Clai the | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| part 2: Do you Omeo Car N Y 3.1 | Jown, lane else of s, vans, lo ses make: Make: Model: Year: Approxin Other inf tercraft, mples: B lo ses des you Descrit | Kia Sorrento 2011 nate mileage: formation: aircraft, moto coats, trailers, to | legal dease a present of the poly dease a present of the poly deal and | 100000 100000 100000 100000 100000 100000 100000 1000000 | Who has a Debtor Debtor At least Check (see ins | Schedule G: Executory Contracts and procycles an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 1 one of the debtors and another if this is community property tructions) reational vehicles, other vehicles, and yessels, snowmobiles, motorcycle your entries from Part 2, including r here | Do not deduct set the amount of any Creditors Who Ha Current value of entire property? \$19,000 and accessories et accessories any entries for | cured cl y secure ave Clair the | laims or exemptions. Put ad claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$19,000.0 |
| part 2: Do you Omeo Car N Y 3.1 | Jown, lane else of s, vans, lo ses make: Make: Model: Year: Approxin Other inf tercraft, mples: B lo ses des you Descrit | Kia Sorrento 2011 nate mileage: formation: aircraft, moto coats, trailers, to | legal dease a present of the poly dease a present of the poly deal and | 100000 100000 100000 100000 100000 100000 100000 1000000 | Who has a Debtor Debtor At least Check (see ins | an interest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another if this is community property tructions) reational vehicles, other vehicles, and yessels, snowmobiles, motorcycle | Do not deduct set the amount of any Creditors Who Ha Current value of entire property? \$19,000 and accessories et accessories any entries for | cured cl y secure ave Clair the | aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$19,000.00 |

Official Form 106A/B Schedule A/B: Property

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 5 of 51

Case number (if known) 18-20772 Debtor 1 Kimberly E. Allen 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... \$2,500.00 Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... \$300.00 Handgun Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No ■ Yes. Describe..... Clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$150.00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

\$3,450.00

Page 6 of 51 Document Case number (if known) 18-20772 Debtor 1 Kimberly E. Allen Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No Institution name: ☐ Yes..... 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ Yes. Give specific information about them...

| D | ebtor 1 | Kimberly E. Allen | Document | Page 7 of 51 Case number | er (if known) 18 | 3-20772 |
|----|----------------|---|--------------------------|------------------------------------|--------------------|---|
| 27 | Ехатр | es, franchises, and other general intangil les: Building permits, exclusive licenses, co | | holdings, liquor licenses, profess | sional licenses | |
| | ■ No □ Yes. | Give specific information about them | | | | |
| M | oney or p | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No | unds owed to you | | | | |
| | ⊔ Yes. (| Give specific information about them, includ | ling whether you alrea | dy filed the returns and the tax y | ears | |
| 29 | ■ No | support les: Past due or lump sum alimony, spousa Give specific information | l support, child suppo | t, maintenance, divorce settleme | ent, property sett | lement |
| 30 | Examp ■ No | mounts someone owes you les: Unpaid wages, disability insurance pay benefits; unpaid loans you made to sor | | fits, sick pay, vacation pay, work | (ers' compensat | ion, Social Security |
| | ☐ Yes. | Give specific information | | | | |
| 31 | | ts in insurance policies les: Health, disability, or life insurance; heal | lth savings account (F | SA); credit, homeowner's, or ren | ter's insurance | |
| | ☐ Yes. I | Name the insurance company of each polic Company name: | y and list its value. | Beneficiary: | | Surrender or refund value: |
| 32 | If you a | erest in property that is due you from so are the beneficiary of a living trust, expect proper has died. | | | ntitled to receive | property because |
| | ■ No □ Yes. | Give specific information | | | | |
| 33 | | against third parties, whether or not you les: Accidents, employment disputes, insura | | | nt | |
| | | Describe each claim | | | | |
| 34 | Other c | ontingent and unliquidated claims of evo | ery nature, including | counterclaims of the debtor a | nd rights to set | off claims |
| | ☐ Yes. | Describe each claim | | | | |
| 35 | ■ No | ancial assets you did not already list | | | | |
| | ⊔ Yes. | Give specific information | | | _ | |
| 36 | | ne dollar value of all of your entries from rt 4. Write that number here | | | | \$0.00 |
| Pa | art 5: Des | cribe Any Business-Related Property You Ow | n or Have an Interest II | . List any real estate in Part 1. | | |
| | | wn or have any legal or equitable interest in a | ny business-related pr | pperty? | | |
| | No. Go | | | | | |
| | IIVAS G | o to line 38 | | | | |

Doc 26 Case 18-20772-GLT Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main

Page 8 of 51 Case number (if known) 18-20772 Document Debtor 1 Kimberly E. Allen Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$80,000.00 56. Part 2: Total vehicles, line 5 \$19,000.00 57. Part 3: Total personal and household items, line 15 \$3,450.00 58. Part 4: Total financial assets, line 36 \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$22,450.00 Copy personal property total \$22,450.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$102,450.00

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1 | Kimberly E. Allen | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number | 18-20772 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | |
|----|---|--|
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | |

- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | unt of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 17 Woodside Drive Mc Donald, PA 15057 Washington County | \$30,000.00 | | \$12,800.00 | 11 U.S.C. § 522(d)(5) |
| Mobile Home and 3 lots Line from Schedule A/B: 1.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2011 Kia Sorrento 100000 miles Line from Schedule A/B: 3.1 | \$19,000.00 | | \$2,200.00 | 11 U.S.C. § 522(d)(2) |
| Line nom Scredule AVB. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Furniture Line from Schedule A/B: 6.1 | \$2,500.00 | | \$2,500.00 | 11 U.S.C. § 522(d)(3) |
| Ellie Hotti Geriedale AVD. G. I | | | 100% of fair market value, up to any applicable statutory limit | |
| Handgun | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(5) |
| Line nom <i>Schedule AVB</i> . 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) |
| LINE HOLL SCHEUUR AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Document Page 10 of 51 Case number (if known) Debtor 1 Kimberly E. Allen 18-20772 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Jewelry 11 U.S.C. § 522(d)(4) \$150.00 \$150.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Desc Main

| | | | Document | Page 11 | of 51 | | |
|---------|---|-----------------------|---|----------------|--------------------------|--------------------------|--------------------|
| Fill i | n this informatio | n to identify you | r case: | | | | |
| Debt | tor 1 | inala aulu E Alla | _ | | | | |
| Deni | · | imberly E. Alle | | Last Name | | - | |
| Debt | tor 2 | | | | | | |
| | | rst Name | Middle Name | Last Name | | - | |
| | 10 | | | | | | |
| Unite | ed States Bankrup | otcy Court for the: | WESTERN DISTRICT OF PENN | ISYLVANIA | | | |
| Case | e number 18-20 | 0770 | | | | | |
| (if kno | | 0772 | | | | ☐ Check | if this is an |
| (| , | | | | | . – | led filing |
| | | | | | | amend | ied illing |
| ∩ffi | cial Form 10 | neD | | | | | |
| | | | | | | | |
| Scl | hedule D: | Creditors | Who Have Claims S | Secure | d by Propert | У | 12/15 |
| Po 00 | complete and see | urata aa naaaibla l | f two married neonle are filing together | , both are ea | ually recognition for ou | innlying correct informs | tion If more enece |
| | | | f two married people are filing together out, number the entries, and attach it to | | | | |
| | er (if known). | | , | | , , | | |
| 1. Do | any creditors have | claims secured by | your property? | | | | |
| [| ☐ No. Check this | box and submit th | nis form to the court with your other s | chedules. Yo | ou have nothing else t | to report on this form. | |
| _ | | | • | orroadioo. T | od navo notimig oloo t | io report on the form. | |
| | Yes. Fill in all o | of the information b | pelow. | | | | |
| Part | 1: List All Sec | cured Claims | | | | | |
| 2 l is | st all secured claim | s If a creditor has n | nore than one secured claim, list the credi | tor separately | Column A | Column B | Column C |
| | | | a particular claim, list the other creditors i | | Amount of claim | Value of collateral | Unsecured |
| much | n as possible, list the | claims in alphabetion | cal order according to the creditor's name. | | Do not deduct the | that supports this | portion |
| | Credit Accept | anco | | | value of collateral. | claim | If any |
| 2.1 | Corporation | ance | Describe the property that secures the | e claim: | \$16,800.00 | \$19,000.00 | \$0.00 |
| | Creditor's Name | - | 2011 Kia Sorrento | | | | <u>·</u> |
| | | | 2011 Kia Sorrento | | | | |
| | 25505 West 12 | Mile Road | | | | | |
| | Suite 3000 | z wille Roau, | As of the date you file, the claim is: Ch | heck all that | | | |
| | Southfield, MI | 48034 | apply. Contingent | | | | |
| | | | | | | | |
| | Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| Who | owes the debt? | Shack one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | | SHOOK OHC. | _ | | | | |
| _ | ebtor 1 only | | | ortgage or sec | curea | | |
| | ebtor 2 only | | | | | | |
| | ebtor 1 and Debtor 2 | - | ☐ Statutory lien (such as tax lien, mech | ianic's lien) | | | |
| _ | t least one of the del | | ☐ Judgment lien from a lawsuit | | | | |
| | heck if this claim re | elates to a | Other (including a right to offset) | Auto Loan | | | |
| C | community debt | | | | | | |
| Date | debt was incurred | 2014 | Last 4 digits of account numbe | er | | | |
| | | | | | _ | | |
| | Cuasa Tuas Ca | ! | | | | | |
| 2.2 | Green Tree Se | ervicing, | Describe the property that secures the | o claim: | \$90,000.00 | \$50,000.00 | \$40,000.00 |
| | Creditor's Name | | 1203 Margray Street Pittsburg | | | | - + |
| | Ordanor o Hamo | | 15207 Allegheny County | gn, PA | | | |
| | | | 19207 Allegheny County | | | | |
| | P.O. Box 0049 | 1 | As of the date you file, the claim is: Ch | heck all that | | | |
| | Palatine, IL 60 | | apply. | | | | |
| | | | Contingent | | | | |
| | Number, Street, City, S | State & Zip Code | Unliquidated | | | | |
| Who | owes the debt? | Shock one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | | SHECK OHE. | _ | | | | |
| _ | ebtor 1 only | | An agreement you made (such as mo | ortgage or sec | curea | | |
| | ebtor 2 only | | , | | | | |
| | ebtor 1 and Debtor 2 | | Statutory lien (such as tax lien, mech | anic's lien) | | | |
| | t least one of the del | | ☐ Judgment lien from a lawsuit | | | | |
| | heck if this claim re community debt | elates to a | Other (including a right to offset) | First Mortg | age | | |

Official Form 106D

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 12 of 51

| Debtor | 1 Kimberly E. Allen | | (| Case number (if know) | 18-20772 | |
|------------------|---|---|-------------------|-------------------------------|-----------------------------|-----------|
| | First Name Middle Na | ame Last Name | _ | | | |
| Date de | bt was incurred | Last 4 digits of account num | ber <u>3517</u> | | | |
| Z.J _ | A Housing Finance gency | Describe the property that secures | the claim: | \$22,000.00 | \$50,000.00 | \$0.00 |
| Cr | editor's Name | 1203 Margray Street, Pittsbu 15207 | urgh, PA | | | |
| | 11 North Front Street arrisburg, PA 17105 | As of the date you file, the claim is: apply. Contingent | Check all that | | | |
| Nu | umber, Street, City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who ov | ves the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| | or 1 only or 2 only | ☐ An agreement you made (such as car loan) | mortgage or secu | ured | | |
| | or 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| | ast one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | ck if this claim relates to a nmunity debt | Other (including a right to offset) | Second Mo | rtgage | | |
| Date de | bt was incurred | Last 4 digits of account num | ber | | | |
| 2.4 C | Vashington County Tax | Describe the property that secures 17 Woodside Drive Mc Dona | | \$3,000.00 | \$30,000.00 | \$0.00 |
| S | 00 West Beau Street uite 205 /ashington, PA 15301 umber, Street, City, State & Zip Code | 15057 Washington County Mobile Home and 3 lots As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed | · | | | |
| Who ov | ves the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| _ | or 1 only or 2 only | ☐ An agreement you made (such as car loan) | mortgage or secu | ured | | |
| ☐ Debt | or 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| At lea | ast one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | ck if this claim relates to a nmunity debt | Other (including a right to offset) | Tax Lien | | | |
| Date de | bt was incurred | Last 4 digits of account num | ber | | | |
| If this Write | is the last page of your form, add that number here: | olumn A on this page. Write that num the dollar value totals from all pages. r a Debt That You Already Listed | | \$131,800 \$131,800 | | |
| trying to | o collect from you for a debt you o | e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the additiona is page. | in Part 1, and th | en list the collection age | ncy here. Similarly, if you | have more |
| F A F | Name, Number, Street, City, State & 2 Pa. Housing Finance Agend Attn: Anne C. Klitsch P.O. Box 15057 | · | | h line in Part 1 did you ente | | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 13 of 51

| Debtor 1 | Kimberly E. Allen | 1 | | Case number (if know) | 18-20772 |
|----------------|--|----------------------------|-----------|--|---------------------|
| | First Name | Middle Name | Last Name | | |
| Th 13 Fi | ame, Number, Street, City, ne Law Offices of G 810 Industrial Bould rst Floor, Suite 101 outhampton, PA 18 | Gregory Javardian evard | | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? 2.2 |

| Case 18-20772-GI | | | =11le1eu • 14 of 5 | U3/20/10 11. 1 | .12.52 Des | Civiairi |
|---|---|---|---|---|---|---|
| Fill in this information to identify | | | . 14 (11 .) | | | |
| Debtor 1 Kimberly E. A | Allen | | | | | |
| First Name | Middle Na | me Last Nan | ne | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) First Name | Middle Na | ame Last Nan | ne | | | |
| United States Bankruptcy Court for t | he: WESTERN I | DISTRICT OF PENNSYLVA | NIA | | | |
| Case number [18-20772] | | - | | | Charle | if their in the |
| (ii Kilowii) | | | | | _ | if this is an led filing |
| Official Form 106E/F Schedule E/F: Creditor | | | | | | 12/15 |
| Be as complete and accurate as possib any executory contracts or unexpired le Schedule G: Executory Contracts and L Schedule D: Creditors Who Have Claim eft. Attach the Continuation Page to the name and case number (if known). | eases that could resu Jnexpired Leases (Of s Secured by Propert is page. If you have n | It in a claim. Also list execut ficial Form 106G). Do not incl y. If more space is needed, co o information to report in a P | ory contracts ude any cred opy the Part | on Schedule A/B: F litors with partially s you need, fill it out, I | roperty (Official For ecured claims that a number the entries i | m 106A/B) and on are listed in n the boxes on the |
| Part 1: List All of Your PRIORIT | | | | | | |
| Do any creditors have priority uns No. Go to Part 2. | ecured claims agains | t you? | | | | |
| _ | | | | | | |
| Yes.List all of your priority unsecured | eleime If a avaditar ha | a mara than ana priority upaga | unad alaina liat | the graditar concrete | h, far agab alaim. Far | and alaim listed |
| identify what type of claim it is. If a cla possible, list the claims in alphabetica Part 1. If more than one creditor hold | aim has both priority ar al order according to th | nd nonpriority amounts, list that ne creditor's name. If you have r | claim here an | d show both priority a | nd nonpriority amoun | ts. As much as |
| (For an explanation of each type of c | laim, see the instructio | ns for this form in the instruction | n booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 Internal Revenue Service | ce La | st 4 digits of account number | • | Unknown | Unknown | Unknown |
| Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101 | | nen was the debt incurred? | 2012-201 | 13 | - | |
| Number Street City State Zlp Co | | of the date you file, the clain | is: Check all | that apply | | |
| Who incurred the debt? Check on | ie. | Contingent | | | | |
| Debtor 1 only | | Unliquidated | | | | |
| Debtor 2 only | | Disputed | | | | |
| ☐ Debtor 1 and Debtor 2 only | Ту | pe of PRIORITY unsecured cl | aim: | | | |
| At least one of the debtors and a | another \Box | Domestic support obligations | | | | |
| ☐ Check if this claim is for a co | mmunity debt | Taxes and certain other debts | you owe the c | government | | |
| Is the claim subject to offset? | <u> </u> | Claims for death or personal ir | , | | | |
| No | | Other. Specify | | | | |

Income Taxes

☐ Yes

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 15_of 51

| Deb | otor 1 Kimberly E. Allen | | Case number (if know) | 18-20772 | |
|-----|---|--|--|--|----|
| 2.2 | Pennsylvania Department of Revenue | Last 4 digits of account number | Unknown | Unknown Unknow | /n |
| | Priority Creditor's Name Bankruptcy Division PO Box 280946 | When was the debt incurred? | 2011-2014 | - | |
| | Harrisburg, PA 17128-0946 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts | you owe the government | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal in | jury while you were intoxicated | | |
| | ■ No | ☐ Other. Specify | | | |
| | Yes | Income Ta | xes | | |
| Par | t 2: List All of Your NONPRIORITY Unsecur | red Claims | | | |
| 3. | Do any creditors have nonpriority unsecured claims | s against you? | | | |
| | \square No. You have nothing to report in this part. Submit the | his form to the court with your other | schedules. | | |
| | ■ Yes. | | | | |
| | List all of your nonpriority unsecured claims in the aunsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other of Part 2. | aim. For each claim listed, identify w | hat type of claim it is. Do not list cla | aims already included in Part 1. If more | |
| | · · · · | | | Total claim | |
| 4.1 | AES/PHEAA | Last 4 digits of account number | per 0036 | \$3,800.0 | 0 |
| | Nonpriority Creditor's Name P.O. Box 8147 | When was the debt incurred? | | | |
| | Harrisburg, PA 17105 Number Street City State Zlp Code | As of the date you file, the cla | im is: Check all that apply | | |
| | Who incurred the debt? Check one. | As of the date you me, the on | ann is. One on an unat appry | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ' | | | |
| | | ☐ Disputed Type of NONPRIORITY unsec | ured claim: | | |
| | At least one of the debtors and another | Student loans | arva viumi. | | |
| | ☐ Check if this claim is for a community debt | _ | separation agreement or divorce th | nat you did not | |
| | Is the claim subject to offset? | report as priority claims | separation agreement or divorce tr | at you did flot | |
| | ■ No | ☐ Debts to pension or profit-sh | naring plans, and other similar deb | S | |
| | Yes | Other. Specify Student | Loan | | |

Document Page 16 of 51 Debtor 1 Kimberly E. Allen Case number (if know) 18-20772 4.2 **American Express** Last 4 digits of account number Unknown Nonpriority Creditor's Name c/o Becket and Lee, LLP When was the debt incurred? P.O. Box 3001 Malvern, PA 19355-0701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 **American Home Patient** Last 4 digits of account number \$149.00 Nonpriority Creditor's Name 2012 P.O. Box 927161 When was the debt incurred? Philadelphia, PA 19182 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes American InfoSource LP as agent Unknown 4.4 Last 4 digits of account number for Nonpriority Creditor's Name When was the debt incurred? Verizon P.O. Box 248838 Oklahoma City, OK 73124-8838 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent

Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Document Page 17 of 51 Debtor 1 Kimberly E. Allen Case number (if know) 18-20772 4.5 \$400.00 **BYL Collection Service, LLC** Last 4 digits of account number Nonpriority Creditor's Name 301 Lacey Street When was the debt incurred? 2012 West Chester, PA 19382 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes 4.6 Commonwealth of Pennsylvania Last 4 digits of account number Unknown Nonpriority Creditor's Name Office of Attorney General When was the debt incurred? **Collections Unit** 14th Floor, Strawberry Square Harrisburg, PA 17120 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.7 **Credit Acceptance Corporation** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? 25505 West Twelve Mile Rd **Suite 3000** Southfield, MI 48034 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed

debt

■ No
□ Yes

Type of NONPRIORITY unsecured claim:

 \square Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Other. Specify

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

 \square Check if this claim is for a community

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52

Document Page 18 of 51 Debtor 1 Kimberly E. Allen Case number (if know) 18-20772 4.8 **Duquesne Light Company** Last 4 digits of account number Unknown Nonpriority Creditor's Name c/o Bernstein-Burkley, P.C., When was the debt incurred? 707 Grant Street, Suite 2200, Gulf Tower Pittsburgh, PA 15219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **Duquesne Light Company** Last 4 digits of account number \$1,000.00 Nonpriority Creditor's Name 411 Seventh Avenue When was the debt incurred? 2012-2014 Pittsburgh, PA 15230 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Electric Bill Other. Specify **ECMC** \$3,600.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 16478 2010 St Paul, MN 55116-0478 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed

debt

■ No

☐ Yes

Type of NONPRIORITY unsecured claim:

■ Other. Specify Student Loan

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

| Casc 10-20112-0 | | | |
|---|------------------------|-------------------------------------|----------|
| Debtor 1 Kimberly E. Allen | Document | Page 19 of 51 Case number (if know) | 18-20772 |
| 4.1 Invision Human Servic | es Last 4 digits of ac | count number | \$256.00 |
| Nonpriority Creditor's Name 12450 Perry Highway | When was the deb | ot incurred? 2012 | |

| 4.1 1 | Invision Human Services | Last 4 digits of account number | \$256.00 |
|----------|--|---|------------|
| | Nonpriority Creditor's Name 12450 Perry Highway Wexford, PA 15090 | When was the debt incurred? 2012 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Insurance | |
| 4.1 | Peoples Natural Gas | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name P.O. Box 644760 | When was the debt incurred? | |
| | Pittsburgh, PA 15264 | - Acceptance of the december of the second | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Поль | |
| | Debtor 2 only | ☐ Contingent | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| | At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | <u></u> | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | Peoples Natural Gas | | Unknown |
| 3 | Nonpriority Creditor's Name | Last 4 digits of account number | Olikilowii |
| | Attn: Cash Management Dept. 375 North Shore Drive, Suite 600 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ` | |
| | At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | _ | |
| | □ res | Other. Specify | |

Document Page 20 of 51 Debtor 1 Kimberly E. Allen Case number (if know) 18-20772 4.1 Pittsburgh Water & Sewer Authority Unknown Last 4 digits of account number 4 Nonpriority Creditor's Name c/o Goehring Rutter & Boehm When was the debt incurred? 437 Grant Street, 14th Floor Pittsburgh, PA 15219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Portfolio Investments II LLC Unknown Last 4 digits of account number 5 Nonpriority Creditor's Name When was the debt incurred? c/o Recovery Management Systems Corp. 25 SE 2nd Avenue, Suite 1120 Miami, FL 33161-1605 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 Shop NBC \$131.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 6740 Shady Oak Road When was the debt incurred? 2012 Solon, OH 44139 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent

Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Consumer Debt

| | Document | Page 21 of 51 | |
|----------------------------|----------|-----------------------|----------|
| Debtor 1 Kimberly E. Allen | | Case number (if know) | 18-20772 |

| 4.1 7 | UPMC Community Medicine, Inc. | Last 4 digits of account number | Unknown |
|----------|---|---|-----------|
| | Nonpriority Creditor's Name P.O. Box 382046 Pittsburgh, PA 15250-8046 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.1 α | UPMC Magee Womens Hospital | Last 4 digits of account number | \$234.00 |
| 0 | Nonpriority Creditor's Name | | , , , , , |
| | 2 Hot Metal Street | When was the debt incurred? 2012 | |
| | Pittsburgh, PA 15203 Number Street City State Zlp Code | As af the data was file the plates to Observe the Uther towns. | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | | |
| | | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other Specify Medical Services | |
| 4.1 | UPMC Physician Service | Last 4 digits of account number | \$247.00 |
| 9 | Nonpriority Creditor's Name | | Ψ=σ |
| | 1650 Metropolitan Street, 3rd Floor Pittsburgh, PA 15233 | When was the debt incurred? 2008 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | ■ Other. Specify Medical Services | |

Document Page 22 of 51
Case number (if know) 18-20772

| 4.2 | UPMC Physician Services | Last 4 digits of account number | Unknown |
|-----|---|---|----------|
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | P.O. Box 371980 Pittsburgh, PA 15250 | when was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.2 | Verizon | Last 4 digits of account number | \$242.00 |
| | Nonpriority Creditor's Name c/o Vativ Recovery Solutions/Palisades P.O. Box 40728 | When was the debt incurred? | |
| | Houston, TX 77240 | - | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | П | |
| | Debtor 2 only | Contingent | |
| | | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | Other. Specify Telephone Bill | |
| | 163 | Other: Specify Telephone Bill | |
| 4.2 | Verizon | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name c/o AFNI, Inc. P.O. Box 3667 | When was the debt incurred? | |
| | Bloomington, IL 61702 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 23 of 51 Debtor 1 Kimberly E. Allen Case number (if know) 18-20772 4.2 **Verizon Wireless** \$242.00 Last 4 digits of account number 3 Nonpriority Creditor's Name c/o Portfolio Investments & When was the debt incurred? Recovery 25 SE 2nd Avenue Miami, FL 33131-1605 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Π Yes ■ Other. Specify Telephone Bill 4.2 **Waste Management** Unknown Last 4 digits of account number Nonpriority Creditor's Name Bankruptcy Dept. When was the debt incurred? 2625 W. Grandview Road, Suite 150 Phoenix, AZ 85023 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 Waste Management Residential \$73.00 Last 4 digits of account number Nonpriority Creditor's Name 1001 Fannin Street, Suite 4000 When was the debt incurred? 2102 Houston, TX 77002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent

Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Garbage Collection Fees ☐ Yes

Debtor 1 Kimberly E. Allen Document Page 24 of 51
Case number (if know) 18-20772

| 4.2 6 | Waste Management Residential | Last 4 digits of account number | Unknown |
|----------|--|--|---------|
| | Nonpriority Creditor's Name 4836 Brecksville Road | When was the debt incurred? | |
| | P.O. Box 523 Richfield, OH 44286 | _ | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 7 | Total Claim |
|--------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | | Total Claim |
| Total | OI. | Student roans | OI. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | • | • | 0.00 |
| | 01 | you did not report as priority claims | 6g. | \$ | |
| | 6h. | 37,. | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 10,374.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 10,374.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | I A A A A A A A A A A A A A A A A A A A | 11 111111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|---------------------|--------------------------|---|---|--------------------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Kimberly E. Aller | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT O | PENNSYLVANIA | |
| Case number | 18-20772 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or | company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | 0.1.) | | <u> </u> | 2 0040 | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | 0.1, | | <u> </u> | 2 0040 | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | - City | | Ciaio | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

| | | Docum | ent Page 26 of | 51 | • |
|------------------------------|--|--|--|---|---|
| Fill in this | information to identify your | case: | | | Į |
| Debtor 1 | Kimberly E. Allen | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | | |
| Case num (if known) | ber 18-20772 | | | | ☐ Check if this is an amended filing |
| _ | l Form 106H Iule H: Your Code | ebtors | | | 12/15 |
| people are fill it out, a | filing together, both are equa | ally responsible for sup boxes on the left. Attac | plying correct information the correct information the correct information the correct information that is a second correct information to the correct information that is a second correct informat | on. If more space is | rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write |
| 1. Do | you have any codebtors? (If y | ou are filing a joint case | do not list either spouse a | as a codebtor. | |
| ■ No □ Yes | | | | | |
| Arizon | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | |
| | s. Did your spouse, former spou | se, or legal equivalent liv | ve with you at the time? | | |
| in line Form | e 2 again as a codebtor only if | that person is a guara | ntor or cosigner. Make s | ure you have listed | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZII | ² Code | | Column 2: The c | reditor to whom you owe the debt les that apply: |
| 3.1 | Name | | | ☐ Schedule D, li☐ Schedule E/F☐ Schedule G, li☐ | , line |
| | Number Street City | State | ZIP Code | - | |
| 3.2 | Name | | | ☐ Schedule D, li☐ Schedule E/F | , line |
| - | Number Street City | State | ZIP Code | - | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 27 of 51

| Fill | in this information to | o identify your ca | ase. | | | | ı | | | | |
|-------------|---|------------------------------------|---|------------------------|-------------|------|------------------------------|----------------------------|--------------------|------------------------|----------|
| | btor 1 | Kimberly E. | | | | | | | | | |
| l | btor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ited States Bankrup | tcy Court for the | : WESTERN DISTRICT | Γ OF PENNSYLVANIA | A | | | | | | |
| | se number 18- | 20772 | | - | | | ☐ A sup | nended filir plement sl | nowing | postpetition | chapter |
| 0 | fficial Form | 106I | | | | | | DD/ YYYY | _ | 9 | |
| S | chedule I: ` | Your Inc | ome | | | | | | | | 12/15 |
| spo atta | use. If you are sep ch a separate shee | erated and you et to this form. | are married and not filir r spouse is not filing w On the top of any additi | ith you, do not inclu | de infor | mati | on about you d case numbe | ir spouse er (if knov | . If mo vn). Ar | re space is | needed, |
| | If you have more than one job, | | Employment status | ■ Employed | | | _ | Employed | 1011-1111 | ing spouse | |
| | attach a separate page with information about additional employers. | | | ☐ Not employed | | | | Not emplo | yed | | |
| | Include part-time, | | Occupation | Rehab tech | | | | | | | |
| | self-employed wo | | Employer's name Employer's address | Pyramid Drug | | | | | | | |
| | or homemaker, if | | Employer's address | | | | | | | | |
| | | | How long employed t | here? 1 year | | | | | | | |
| Par | rt 2: Give Det | tails About Mor | nthly Income | | | | | | | | |
| | mate monthly incouse unless you are s | | ate you file this form. If | you have nothing to re | eport for | any | line, write \$0 i | in the spac | ce. Incl | lude your nor | n-filing |
| If yo | ou or your non-filing e space, attach a se | spouse have mo | ore than one employer, co this form. | ombine the information | n for all e | empl | oyers for that | person on | the lin | es below. If y | you need |
| | | | | | | | For Debtor | | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (b calculate what the monthl | | 2. | \$ | 500 |).00 \$ | | 0.00 | |
| 3. | Estimate and list | t monthly overt | ime pay. | | 3. | +\$ | 0 | .00_ +\$ | · | 0.00 | |
| 4. | Calculate gross | Income. Add lir | ne 2 + line 3. | | 4. | \$ | 500.0 | 0 | \$ | 0.00 | |

| Deb | tor 1 | Kimberly E. Allen | _ | Ca | se number (if knowr | 7) | 18-207 | 772 | | |
|-----|-----------------------------|--|-------------------|------------------------------|--------------------------------|-------------|----------------------------|----------------|--------------------------------------|------------------|
| | | | | F | or Debtor 1 | | | ebtor: | | |
| | Сор | y line 4 here | 4. | \$ | 500.0 | 0 | \$ | iiiig 5 | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.0 | n | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | | _ | \$ | | 0.00 | - |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | _ | \$ | | 0.00 | - |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | | _ | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e. | \$ | | _ | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | | _ | \$ | | 0.00 | - |
| | 5g. | Union dues | 5g. | \$ | 0.0 | 0 | \$ | | 0.00 | - |
| | 5h. | Other deductions. Specify: | 5h.+ | + \$ | 0.0 | 0 + | - \$ | | 0.00 | - |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.0 | 0 | \$ | | 0.00 | _ |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 500.0 | 0 | \$ | | 0.00 | |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8c. 8d. 8e. | \$\$\$\$\$\$\$\$ \$\$\$\$ | 700.00 0.00 0.00 0.00 | 0 0 0 0 0 0 | \$ \$ \$ \$ \$ \$ | | 0.00 0.00 0.00 0.00 0.00 | - - - - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 700.0 | | \$ | | 0.0 | - 기 |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | | 1,200.00 + | \$ | | 0.00 | = \$ | 1,200.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | 1,200.00 | | | 0.00 | | 1,200.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depen | | • | | | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain ies | | | | | | 12. | \$ | 1,200.00 |
| 13. | Do | ou expect an increase or decrease within the year after you file this form | ? | | | | | | Combine monthle | ned y income |
| | | No. Yes Explain: | | | | | | | | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 29 of 51

| Fill | in this informa | tion to identify yo | our case: | | | Í | | |
|------------|---------------------------|--|----------------|---|----------------------|--------------|-------------------------------------|---------------------------|
| Deb | | | | | | Cho | ck if this is: | |
| Deb | IOI I | Kimberly E. | Allen | | | Che | An amended filing | |
| | tor 2 buse, if filing) | | | | | | A supplement show 13 expenses as of | wing postpetition chapter |
| (Зрс | ouse, ii iiiiig <i>)</i> | | | | | | | the following date. |
| Unit | ed States Bankr | uptcy Court for the | : WESTE | ERN DISTRICT OF PENNS | SYLVANIA | | MM / DD / YYYY | |
| | | 3-20772 | | | | | | |
| (If ki | nown) | | | | | | | |
| \bigcirc | fficial Fo | rm 106 l | | | | - | | |
| | | rm 106J | | | | | | |
| | | J: Your | | ISES . If two married people ar | e filing together h | oth are equ | ially responsible fo | 12/15 |
| info | rmation. If m | | eded, atta | ch another sheet to this | | | | |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | | in a sonar | ate household? | | | | |
| | □ res. Doe | | iii a sepai | ate nousenoiu: | | | | |
| | = :: | _ | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list Do | • | ■ No | Fill out this information for | Dependent's relat | ionshin to | Dependent's | Does dependent |
| | Debtor 2. | CDIOI I and | ⊔ Yes. | each dependent | Debtor 1 or Debto | | age | live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include f people other t | han | No | | | | |
| | | d your depende | | Yes | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Monthi | y Expenses | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| Incl | lude expense | s paid for with I | non-cash | government assistance i | f you know | | | |
| | value of such | | d have inc | cluded it on Schedule I: \ | our Income | | Your exp | enses |
| (011 | iiciai Foiiii 10 | ,oi., | | | | | 100.02.0 | |
| 4. | | or home owners and any rent for the | | ses for your residence. I or lot. | nclude first mortgag | e 4. : | \$ | 0.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | • | rty, homeowner's | - | | | 4b. | \$ | 0.00 |
| | | | | ipkeep expenses | | 4c. | · | 75.00 |
| 5. | | owner's associat | | dominium dues o ur residence , such as ho | me equity loans | 4d. 5 | | 0.00 0.00 |
| ٠. | | gago payiin | y | | oquity lourio | . | T | 0.00 |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 30 of 51

| Jebi | or 1 Kim | berly E. Allen | Case num | ber (if known) | 18-20772 |
|----------|--------------------------|---|-------------|----------------|----------------------------|
| 6. | Utilities: | | | | |
| ٠. | | etricity, heat, natural gas | 6a. | \$ | 200.00 |
| | | er, sewer, garbage collection | 6b. | | 40.00 |
| | | ephone, cell phone, Internet, satellite, and cable services | 6c. | | 53.00 |
| | | er. Specify: | 6d. | · | 0.00 |
| 7. | | housekeeping supplies | — 7. | · | 150.00 |
| 7. 8. | | | 7. 8. | \$ | |
| | | and children's education costs | 9. | \$ | 0.00 |
| | • | laundry, and dry cleaning | | · | 0.00 |
| | | care products and services | 10. | · | 0.00 |
| | | nd dental expenses | 11. | \$ | 100.00 |
| 12. | | ration. Include gas, maintenance, bus or train fare. | 12. | \$ | 100.00 |
| 12 | | lude car payments. | 13. | · | |
| | | ment, clubs, recreation, newspapers, magazines, and books | | • | 0.00 |
| | | e contributions and religious donations | 14. | Φ | 0.00 |
| | Insurance | | | | |
| | Do not incl 15a. Life | lude insurance deducted from your pay or included in lines 4 or 20. | 150 | ¢ | 00.00 |
| | | | 15a. | · | 60.00 |
| | | Ith insurance | 15b. | · | 0.00 |
| | | icle insurance | 15c. | • | 100.00 |
| | | er insurance. Specify: | 15d. | \$ | 0.00 |
| | | not include taxes deducted from your pay or included in lines 4 or 20. | | _ | |
| | Specify: _ | | 16. | \$ | 0.00 |
| 7. | | nt or lease payments: | | _ | |
| | | payments for Vehicle 1 | 17a. | · | 0.00 |
| | 17b. Car | payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Othe | er. Specify: | 17c. | \$ | 0.00 |
| | 17d. Othe | er. Specify: | 17d. | \$ | 0.00 |
| 8. | Your payr | nents of alimony, maintenance, and support that you did not report as | | - | |
| | deducted | from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 9. | Other pay | ments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | | 19. | | |
| 0. | Other real | property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Yo | our Income. | |
| | 20a. Mor | tgages on other property | 20a. | \$ | 0.00 |
| | 20b. Rea | l estate taxes | 20b. | \$ | 0.00 |
| | 20c. Prop | perty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maii | ntenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | neowner's association or condominium dues | 20e. | | 0.00 |
| 1 | Other: Sp | | 21. | | 0.00 |
| ١. | outer. sp | cony. | | · Ψ | 0.00 |
| 2. | Calculate | your monthly expenses | | | |
| | | ines 4 through 21. | | \$ | 878.00 |
| | 22b. Copy | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | ne 22a and 22b. The result is your monthly expenses. | | \$ | 070 00 |
| | ZZU. MUU II | nio 22a ana 22b. The result is your monthly expenses. | | Ψ | 878.00 |
| 3. | | your monthly net income. | | | |
| | | y line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,200.00 |
| | | y your monthly expenses from line 22c above. | 23b. | · | 878.00 |
| | | ,, , , , | | | 0,0,00 |
| | 23c. Suh | tract your monthly expenses from your monthly income. | | | |
| | | result is your monthly net income. | 23c. | \$ | 322.00 |
| | 0 | ,, | | 1 | |
| 24. | Do you ex | spect an increase or decrease in your expenses within the year after yo | u file this | form? | |
| | For example | e, do you expect to finish paying for your car loan within the year or do you expect your | | | ease or decrease because o |
| | | to the terms of your mortgage? | | | |
| | No. | | | | |
| | ☐ Yes. | Explain here: | | | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 31 of 51

| Fill in this info | ormation to identify your | case: | | | |
|---|--|--|-----------------------------|--|-------------------------------------|
| Debtor 1 | Kimberly E. Allen | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | | |
| Case number | 18-20772 | | | | |
| (if known) | | | | - | heck if this is an mended filing |
| Declara If two married You must file tobtaining mon | | r, both are equally respo le bankruptcy schedules n connection with a bank | nsible for supplying corre | | |
| s | ign Below | | | | |
| Did you | pay or agree to pay some | one who is NOT an attor | ney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes | . Name of person | | | Attach Bankruptcy Petiti Declaration, and Signatu | |
| | nalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedules filed | l with this declaration and | |
| X /s/ K | imberly E. Allen | | x | | |
| | perly E. Allen ature of Debtor 1 | | Signature of D | Debtor 2 | |
| Date | March 26, 2018 | | Date | | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 32 of 51

| | in this info | rmation to identify you | r 00001 | | | | | | | |
|-------------|---|---|---|----------------------------------|---|-------------------------------|--|--|--|--|
| | otor 1 | | | | | | | | | |
| Dei | JIOI I | Kimberly E. Alle | Middle Name | Last Name | | | | | | |
| | otor 2 | | | | | | | | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Uni | ted States B | ankruptcy Court for the: | WESTERN DISTRICT OF | PENNSYLVANIA | | | | | | |
| Cas | se number | 18-20772 | | | | | | | | |
| (if kn | nown) | | | | | check if this is an | | | | |
| | | | | | a | mended filing | | | | |
| | | | | | | | | | | |
| <u>Of</u> | ficial F | orm 107 | | | | | | | | |
| Sta | atemen | t of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 | | | | |
| | | | | | equally responsible for sup | | | | | |
| | | more space is needed, vn). Answer every que | | this form. On the top of any | / additional pages, write you | ir name and case | | | | |
| | | | | Librard Defense | | | | | | |
| Par | t 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | | | | | |
| 1. | What is yo | ur current marital statu | is? | | | | | | | |
| | ☐ Marrie | d | | | | | | | | |
| | ■ Not m | arried | | | | | | | | |
| 2. | During the | ring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | Daning and | idot o youro, navo you | mod any mioro other than | inioio you iivo iioii : | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | | |
| | Debtor 1 I | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| | | | | | | | | | | |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | | | | | |
| olule | oo ana tonne | moidae 7 m2ona, oa | mornia, idano, Eduldiana, ivo | vada, rvew iviezioe, r derte rvi | oo, rexas, washington and w | 1300113111.) | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. N | lake sure you fill out <i>Scl</i> | hedule H: Your Codebtors (Of | ficial Form 106H). | | | | | | |
| Par | t 2 Expl | ain the Sources of You | r Income | | | | | | | |
| | | | | | | | | | | |
| 4. | | | nployment or from operatin u received from all jobs and a | | ear or the two previous caler time activities. | ndar years? | | | | |
| | | | have income that you receive | | | | | | | |
| | □ No | | | | | | | | | |
| | Yes. F | ill in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income | Gross income | Sources of income | Gross income | | | | |
| | | | Check all that apply. | (before deductions and | Check all that apply. | (before deductions | | | | |
| | | | | exclusions) | | and exclusions) | | | | |
| | | 1 of current year until | ■ Wages, commissions, | \$500.00 | ☐ Wages, commissions, | | | | | |
| uie | uate you fi | led for bankruptcy: | bonuses, tips | | bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Page 33 of 51
Case number (if known) 18-20772 Document

| | | | | | Debtor 1 | | Debtor 2 | |
|----|---|--|---|--|---|---|--|---|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | For last calendar year: (January 1 to December 31, 2017) | | ■ Wages, commissions, bonuses, tips | \$14,000.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | | fore that: 31, 2016) | ■ Wages, commissions, bonuses, tips | \$14,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| 5. | Include and oth winning | e inco ner pu gs. If y ch so o | me regare ublic bene you are fil | dless of wheth fit payments; ling a joint cas the gross inco | er that income is taxable. Ex pensions; rental income; inte ee and you have income that | o previous calendar years? amples of other income are al rest; dividends; money collect you received together, list it o ately. Do not include income the | ted from lawsuits; royalties; an nly once under Debtor 1. | |
| | | | | | Debtor 1 | | Debtor 2 | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | | | | nt year until nkruptcy: | Alimony / Maintenance | \$1,400.00 | | |
| | r last ca anuary 1 | | | 31, 2017) | Alimony / Maintenance | \$8,400.00 | | |
| | | | | efore that: 31, 2016) | Alimony / Maintenance | \$8,400.00 | | |
| Pa | rt 3: | List C | ertain Pa | ayments You | Made Before You Filed for | Bankruptcy | | |
| 6. | Are eit | o. I | Neither D ndividual | ebtor 1 nor D primarily for a | personal, family, or househo | umer debts. Consumer debts old purpose." | | 01(8) as "incurred by an |
| | | | During the No. | 90 days befo Go to line 7 | | id you pay any creditor a total | of \$6,425* or more? | |
| | | | □ Yes | paid that cr | | id a total of \$6,425* or more in nts for domestic support obligations bankruptcy case. | | |
| | | | * Subject | | | rs after that for cases filed on | or after the date of adjustmen | t. |
| | ■ Ye | | | | r both have primarily consure you filed for bankruptcy, d | umer debts. id you pay any creditor a total | of \$600 or more? | |
| | | | ■ No. | Go to line 7 | | | | |
| | | | □ Yes | include pay | | id a total of \$600 or more and obligations, such as child supp | | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Page 34 of 51
Case number (if known) 18-20772 Document

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pay | ment for | | | | |
|-----|--|---|---|--|-----------------------------------|---|--|--|--|--|
| 7. | Within 1 year before you filed for bankrupte Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | ortners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their votin | erships of which you g securities; and an | u are a general ly managing ag | partner; corporations ent, including one for | | | | |
| | ■ No☐ Yes. List all payments to an insider. | | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | nis payment | | | | |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No | | ments or transfer a | any property on ac | ccount of a deb | ot that benefited an | | | | |
| | ☐ Yes. List all payments to an insider | | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include creditor | | | | | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case | | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. | | | | | | | | | |
| | Yes. Fill in the information below. | | | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | | | |
| | | Explain what happened | i | | | property | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | luding a bank or fi | nancial institution | , set off any an | nounts from your | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date a | action was | Amount | | | | |
| | Crounce Humo and Address | Dood in double in | ordanor took | taken | | 7 illiouni | | | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a | | erty in the possess | ion of an assignee | e for the benefi | t of creditors, a | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes | | | | | | | | | |

Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 35 of 51 Case number (if known) 18-20772 Case 18-20772-GLT

| Pa | rt 5: List Certain Gifts and Contributions | s | | | | | | | | |
|-----|---|--------|--|---|---------------------------|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | 0 | Describe the gifts | Dates you gave the gifts | Value | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No ■ Yes. Fill in the details for each gift or contribution. | | | | | | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | Dates you contributed | Value | | | | | |
| Pa | rt 6: List Certain Losses | | | | | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details. | otcy o | r since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster, | | | | | |
| | | Includ | ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | |
| Pa | rt 7: List Certain Payments or Transfers | | | | | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | Michael S. Geisler, Attorney-at-Law 201 Penn Center Blvd., Suite 524 Pittsburgh, PA 15235 | | | 2/1/2018 | \$1,200.00 | | | | | |
| 17. | promised to help you deal with your cred Do not include any payment or transfer that | litors | | r transfer any prope | rty to anyone who | | | | | |
| | ■ No☐ Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |

Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Case 18-20772-GLT Page 36 of 51
Case number (if known) 18-20772 Document

Debtor 1 Kimberly E. Allen

| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your build like the product of transfers and transfers minclude gifts and transfers that you have alread to the product of the product | ousiness or financial afforded as security (such as | airs? the granting of a se | | | | |
|-----|--|---|--|--|---|--|--|
| | Person Who Received Transfer Address | Description and v property transfer | | Describe any property or payments received or debts paid in exchange | Date transfer was made | | |
| | Person's relationship to you | | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details. | | ny property to a se | elf-settled trust or similar devi | ce of which you are a | | |
| | Name of trust | Description and | Description and value of the property transferred | | | | |
| Pai | t 8: List of Certain Financial Accounts, In | struments, Safe Deposi | t Boxes, and Stora | age Units | | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details. | cy, were any financial ac | counts or instrum | nents held in your name, or fo | • | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | t or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | r bankruptcy, any | safe deposit box or other dep | ository for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Do you still have it? | | |
| 22. | Have you stored property in a storage unit | or place other than you | r home within 1 ye | ear before you filed for bankru | ptcy? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | escribe the contents | Do you still have it? | | |
| Pai | t 9: Identify Property You Hold or Control | for Someone Fise | | | | | |
| 23. | Do you hold or control any property that so for someone. | | ude any property | you borrowed from, are storir | ng for, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | Value | | |
| Pai | t 10: Give Details About Environmental Inf | ormation | | | | | |
| Eor | the purpose of Part 10, the following definiti | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Page 37 of 51
Case number (if known) 18-20772 Document

Debtor 1 Kimberly E. Allen

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Court or agency Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Name Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6 Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Page 38 of 51
Case number (if known) 18-20772 Document

Debtor 1 Kimberly E. Allen

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kimberly E. Allen Signature of Debtor 2 Kimberly E. Allen Signature of Debtor 1 Date March 26, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this inform | nation to identify your case: |
|---------------------------------|--|
| Debtor 1 | Kimberly E. Allen |
| Debtor 2 (Spouse, if filing) | |
| United States B | Bankruptcy Court for the: Western District of Pennsylvania |
| Case number (if known) | 18-20772 |

| Check as directed in lines 17 and 21: | | | | | |
|---------------------------------------|--|--|--|--|--|
| 1 | According to the calculations required by this Statement: | | | | |
| - | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | |
| | 3. The commitment period is 3 years. | | | | |
| | 4. The commitment period is 5 years. | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Ī | art | 1: Calculate Your Average Monthly Income | | | | | | | |
|---|----------|---|------------------|-------------------------------|-------------------------------------|--------------------------|--------------------|--|---------------------------------|
| | 1. | What is your marital and filing status? Check one of | only. | | | | | | |
| | | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | | ☐ Married. Fill out both Columns A and B, lines 2-11 | - | | | | | | |
| | 10 th | II in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tot louses own the same rental property, put the income from that | month pa | eriod would Fill in the re | l be March 1 th sult. Do not inc | rough Aug lude any ir | ust 31. If the amo | ount of your monthly incon ore than once. For examp | ne varied during le, if both |
| | | | | | | Colum Debto | | Column B Debtor 2 or non-filing spouse | |
| | 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and c | ommissi | ons (before a | ıll \$ | 500.00 | \$ | |
| | 3. | Alimony and maintenance payments. Do not include Column B is filled in. | e paym | ents from | a spouse if | \$ | 700.00 | \$ | |
| | 4. | All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Do not include payments from a spot you listed on line 3. | rt. Inclu | de regulai r depende | r contribution nts, parents, | | 0.00 | \$ | |
| | 5. | Net income from operating a business, profession, or farm | Debto | or 1 | | | | | |
| | | Gross receipts (before all deductions) | \$_ | 0.00 | | | | | |
| | | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | | Net monthly income from a business, profession, or fa | arm \$ | 0.00 | Copy here | -> \$ | 0.00 | \$ | |
| | 6. | Net income from rental and other real property | Debto | | | | | | |
| | | Gross receipts (before all deductions) | \$ _ | 0.00 | | | | | |
| | | Ordinary and necessary operating expenses | - \$ _ | 0.00 | | | | | |
| | | Net monthly income from rental or other real property | Φ. | 0.00 | Copy here | -> \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 40 of 51

18-20772

Case number (if known)

Kimberly E. Allen Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 1.200.00 1,200.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 1,200.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 1.200.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 1,200.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 14.400.00 15b. The result is your current monthly income for the year for this part of the form.

Debtor 1

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 41 of 51

| Debto | or 1 | Kimb | Doo erly E. Allen | cument | Page 41 of 5 _ | | 18-20772 | |
|-------|--------------|-------------|--|-------------------|-----------------------|-----------------------|------------------|----------------------------|
| 16. | Calc | culate t | he median family income that applies to | you. Follow the | ese steps: | | | |
| | 16a. | . Fill in t | the state in which you live. | PA | | | | |
| | 16h | Eill in t | the number of people in your household. | 1 | | | | |
| | | | the number of people in your nousehold. The median family income for your state and | | uold | | | s 51,960.00 |
| | 100. | To find | d a list of applicable median income amount ctions for this form. This list may also be ava | ts, go online usi | ng the link specified | | | \$ |
| 17. | How | do the | e lines compare? | | | | | |
| | 17a. | • | Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do I | | | | | |
| | 17b. | | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a | ulation of You | | | | |
| Part | 3: | Calc | culate Your Commitment Period Under 11 | U.S.C. § 1325 | (b)(4) | | | |
| 18. | Сор | y your | total average monthly income from line | 11 . | | | \$ | 1,200.00 |
| 19. | cont spot | end tha | e marital adjustment if it applies. If you are at calculating the commitment period under come, copy the amount from line 13. marital adjustment does not apply, fill in 0 or | 11 U.S.C. § 132 | | | ur -\$ | 0.00 |
| | 19b. | . Subtra | act line 19a from line 18. | | | | \$ | 1,200.00 |
| 20. | Cald | culate y | your current monthly income for the year | | | | | 4 200 00 |
| | 20a. | . Copy I | line 19b | | | | | \$1,200.00 |
| | | Multipl | ly by 12 (the number of months in a year). | | | | ٦ | x 12 |
| | 20b. | . The re | esult is your current monthly income for the y | ear for this par | t of the form | | | \$14,400.00 |
| | 20c. | Copy t | the median family income for your state and | l size of househ | nold from line 16c | | | \$51,960.00 |
| | 21. | How o | do the lines compare? | | | | | |
| | | | ine 20b is less than line 20c. Unless otherw neriod is 3 years. Go to Part 4. | ise ordered by | the court, on the top | of page 1 of this fo | rm, check box | 3, The commitment |
| | | | ine 20b is more than or equal to line 20c. Uncommitment period is 5 years. Go to Part 4. | nless otherwise | e ordered by the cou | rt, on the top of pag | e 1 of this form | n, check box 4, <i>The</i> |
| Part | 4: | Sign | n Below | | | | | |
| | By s | igning I | here, under penalty of perjury I declare that | the information | on this statement a | nd in any attachmer | nts is true and | correct. |
| Х | _/s/ | Kimb | erly E. Allen | | | | | |
| | | | / E. Allen of Debtor 1 | | | | | |
| | Date | Marc | ch 26, 2018 | | | | | |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

If you checked 17a, do NOT fill out or file Form 122C-2.

MM / DD / YYYY

Debtor 1 Kimberly E. Allen Case number (if known) 18-20772

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2017 to 02/28/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment**

Income by Month:

| 6 Months Ago: | 09/2017 | \$500.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2017 | \$500.00 |
| 4 Months Ago: | 11/2017 | \$500.00 |
| 3 Months Ago: | 12/2017 | \$500.00 |
| 2 Months Ago: | 01/2018 | \$500.00 |
| Last Month: | 02/2018 | \$500.00 |
| | Average per month: | \$500.00 |

Line 3 - Alimony and maintenance payments received

Source of Income: Alimony

Income by Month:

| 6 Months Ago: | 09/2017 | \$700.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2017 | \$700.00 |
| 4 Months Ago: | 11/2017 | \$700.00 |
| 3 Months Ago: | 12/2017 | \$700.00 |
| 2 Months Ago: | 01/2018 | \$700.00 |
| Last Month: | 02/2018 | \$700.00 |
| | Average per month: | \$700.00 |
| | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation |
|--------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| Debtor(s) Chapter 13 Disclosure of Compensation of Attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept Prior to the filing of this statement I have received \$ 1,200.00 Balance Due \$ 2,800.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 1. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 March 26, 2018 March 26, 2018 March 26, 2018 Date | In re | Kimberly E. A | llen | · | Case No. | 18-20772 | |
|---|--------------|----------------------|------------------------------------|--|------------------|--------------------------------|---------|
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept Prior to the filing of this statement I have received \$ 4,000.00 Balance Due 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 March 26, 2018 March 26, 2018 March 26, 2018 | | | | Debtor(s) | | | |
| compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept Prior to the filing of this statement I have received S 1,200.00 Balance Due S 2,800.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date | | DIS | CLOSURE OF COMI | PENSATION OF ATTORNE | Y FOR DI | EBTOR(S) | |
| Prior to the filing of this statement I have received \$ 1,200.00 Balance Due \$ 2,800.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | co | ompensation paid to | o me within one year before the | filing of the petition in bankruptcy, or ag | reed to be paid | to me, for services rendered | or to |
| Balance Due \$ 2,800.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | | For legal servic | es, I have agreed to accept | | \$ | 4,000.00 | |
| 2. The source of the compensation paid to me was: □ Debtor □ Other (specify): 3. The source of compensation to be paid to me is: □ Debtor □ Other (specify): 4. □ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law □ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date March 26, 2018 Date Other provisions as needed] Selfsler, Esquire Michael S. Geisler, Esquire | | Prior to the filin | ig of this statement I have receiv | ved | \$ | 1,200.00 | |
| Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptey case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | | Balance Due | | | \$ | 2,800.00 | |
| 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | 2. Tl | he source of the co | mpensation paid to me was: | | | | |
| Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law in law agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | | ■ Debtor | ☐ Other (specify): | | | | |
| 4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Isl Michael S. Geisler, Esquire Michael S. Geisler, Esquire | 3. Tl | he source of compe | ensation to be paid to me is: | | | | |
| ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Is/ Michael S. Geisler, Esquire Michael | | ■ Debtor | ☐ Other (specify): | | | | |
| copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | 4 . ■ | I have not agreed | d to share the above-disclosed c | compensation with any other person unless | s they are mem | bers and associates of my law | v firm. |
| a. [Other provisions as needed] Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | | | | | | | A |
| Debtor(s) counsel reserves the right to apply to the Court for the payment of fees earned in excess of the retainer. Debtor(s) counsel bills at the rate of \$300.00 per hour. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date Michael S. Geisler, Esquire Michael S. Geisler, Esquire | 5. Ir | n return for the abo | ve-disclosed fee, I have agreed | to render legal service for all aspects of the | ne bankruptcy o | case, including: | |
| CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date /s/ Michael S. Geisler, Esquire Michael S. Geisler, Esquire | a. | Debtor(s) | counsel reserves the right | | ent of fees ea | arned in excess of the | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date /s/ Michael S. Geisler, Esquire Michael S. Geisler, Esquire | 6. B | y agreement with the | he debtor(s), the above-disclose | ed fee does not include the following servi | ice: | | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) this bankruptcy proceeding. March 26, 2018 Date /s/ Michael S. Geisler, Esquire Michael S. Geisler, Esquire | | | | CEDTIEICATION | | | |
| Date Michael S. Geisler, Esquire | | | | | nent to me for r | epresentation of the debtor(s) |) in |
| · · | Ma | arch 26, 2018 | | | | | |
| Mynature of Attorney | Da | ite | | · | quire | | |
| MICHAEL S. GEISLER | | | | | ł | | |
| Attorney-at-Law | | | | | - W - E04 | | |
| 201 Penn Center Blvd., Suite 524 Pittsburgh, PA 15235 | | | | | ., Suite 524 | | |
| (412) 613-2133 Fax: (412) 372-2513 | | | | (412) 613-2133 Fax: (4 | 412) 372-2513 | 3 | |
| m.s.geisler@att.net Name of law firm | | | | | | | |

Case 18-20772-GLT Doc 26 Filed 03/28/18 Entered 03/28/18 11:12:52 Desc Main Document Page 48 of 51

United States Bankruptcy Court Western District of Pennsylvania

| | | · · | | | |
|-------|-------------------|-----------|----------|----------|--|
| In re | Kimberly E. Allen | | Case No. | 18-20772 | |
| | | Debtor(s) | Chapter | 13 | |

VERIFICATION OF CREDITOR MATRIX

| Γhe abo | ove-named Debtor hereby verifie | es that the attached list of creditors is true and correct to the best of his/her knowledge. |
|---------|---------------------------------|--|
| Date: | March 26, 2018 | /s/ Kimberly E. Allen Kimberly E. Allen Signature of Debtor |

AES/PHEAA P.O. Box 8147 Harrisburg, PA 17105

American Express c/o Becket and Lee, LLP P.O. Box 3001 Malvern, PA 19355-0701

American Home Patient P.O. Box 927161 Philadelphia, PA 19182

American InfoSource LP as agent for Verizon P.O. Box 248838 Oklahoma City, OK 73124-8838

BYL Collection Service, LLC 301 Lacey Street West Chester, PA 19382

Commonwealth of Pennsylvania Office of Attorney General Collections Unit 14th Floor, Strawberry Square Harrisburg, PA 17120

Credit Acceptance Corporation 25505 West 12 Mile Road, Suite 3000 Southfield, MI 48034

Credit Acceptance Corporation 25505 West Twelve Mile Rd Suite 3000 Southfield, MI 48034

Duquesne Light Company c/o Bernstein-Burkley, P.C., 707 Grant Street, Suite 2200, Gulf Tower Pittsburgh, PA 15219

Duquesne Light Company 411 Seventh Avenue Pittsburgh, PA 15230

ECMC PO Box 16478 St Paul, MN 55116-0478

Green Tree Servicing, LLC P.O. Box 0049 Palatine, IL 60055-0049

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Invision Human Services 12450 Perry Highway Wexford, PA 15090

PA Housing Finance Agency 211 North Front Street Harrisburg, PA 17105

Pa. Housing Finance Agency Attn: Anne C. Klitsch P.O. Box 15057 Harrisburg, PA 17105-5057

Pennsylvania Department of Revenue Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946

Peoples Natural Gas P.O. Box 644760 Pittsburgh, PA 15264

Peoples Natural Gas Attn: Cash Management Dept. 375 North Shore Drive, Suite 600 Pittsburgh, PA 15212

Pittsburgh Water & Sewer Authority c/o Goehring Rutter & Boehm 437 Grant Street, 14th Floor Pittsburgh, PA 15219

Portfolio Investments II LLC c/o Recovery Management Systems Corp. 25 SE 2nd Avenue, Suite 1120 Miami, FL 33161-1605

Shop NBC 6740 Shady Oak Road Solon, OH 44139

The Law Offices of Gregory Javardian 1310 Industrial Boulevard First Floor, Suite 101 Southampton, PA 18966

UPMC Community Medicine, Inc. P.O. Box 382046 Pittsburgh, PA 15250-8046

UPMC Magee Womens Hospital 2 Hot Metal Street Pittsburgh, PA 15203

UPMC Physician Service 1650 Metropolitan Street, 3rd Floor Pittsburgh, PA 15233

UPMC Physician Services P.O. Box 371980 Pittsburgh, PA 15250

Verizon c/o Vativ Recovery Solutions/Palisades P.O. Box 40728 Houston, TX 77240

Verizon c/o AFNI, Inc. P.O. Box 3667 Bloomington, IL 61702

Verizon Wireless c/o Portfolio Investments & Recovery 25 SE 2nd Avenue Miami, FL 33131-1605

Washington County Tax Claim Bureau 100 West Beau Street Suite 205 Washington, PA 15301

Waste Management Bankruptcy Dept. 2625 W. Grandview Road, Suite 150 Phoenix, AZ 85023

Waste Management Residential 1001 Fannin Street, Suite 4000 Houston, TX 77002

Waste Management Residential 4836 Brecksville Road P.O. Box 523 Richfield, OH 44286